

CLAIMS ONLY

Application Number
101696959

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
	Indep.	Depend.	Indep.	Depend.						
1	/				51					
2	/				52					
3	/				53					
4	/				54					
5	/				55					
6	/				56					
7	/				57					
8	/				58					
9	/				59					
10	/				60					
11	/				61					
12	/				62					
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39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
Total Indep.	1				Total Indep.					
Total Depend	16	←	↓	←	Total Depend	←	↓	←	↓	←
Total Claims	17				Total Claims					